



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 10, 2024

Lindsay Nedow  
8155 Blackman Rd.  
Kingsley, MI 49649

RE: License #: AF280409799  
**Lindsay's Countryside Senior AFC**  
**8155 Blackman Rd.**  
**Kingsley, MI 49649**

Dear Ms. Nedow:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in blue ink that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF280409799
<b>Licensee Name:</b>	Lindsay Nedow
<b>Licensee Address:</b>	8155 Blackman Rd. Kingsley, MI 49649
<b>Licensee Telephone #:</b>	(231) 835-0250
<b>Name of Facility:</b>	Lindsay's Countryside Senior AFC
<b>Facility Address:</b>	8155 Blackman Rd. Kingsley, MI 49649
<b>Facility Telephone #:</b>	(231) 649-0678
<b>Original Issuance Date:</b>	11/10/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 04/09/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 02/22/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

The facility is in compliance with all applicable rules and statutes.

**IV. RECOMMENDATION**

I recommend issuance of a 2 year regular adult foster care license.



April 10, 2024

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Bruce A. Messer  
Licensing Consultant

Date